

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

SERIAL NO.
097868566

FILING DATE

APPLICANT(S)

		CLAIMS					
		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

		CLAIMS					
		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS